

PATIENT

Stella Pellegrino

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

16 Yrs. 8 months

WEIGHT

7.6 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Gaspero

INVOICE

13439

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Pt presented for acting weird, wt. loss, decreased appetite. Physical exam unremarkable
- Sedated with 0.3ml torb IM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1.5 cm, are normal.

The left kidney is small in size (2.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.51 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.62 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

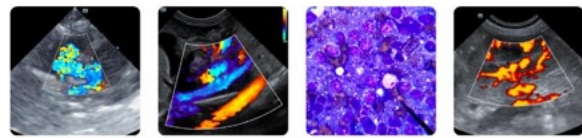
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is largely empty except for one segment which appears to have soft shadowing material. The small intestinal wall is normal to moderately thickened (up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. In one small intestinal segment in the caudal abdomen, just cranial to the urinary bladder, there is a trend toward loss of the normal layering pattern. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

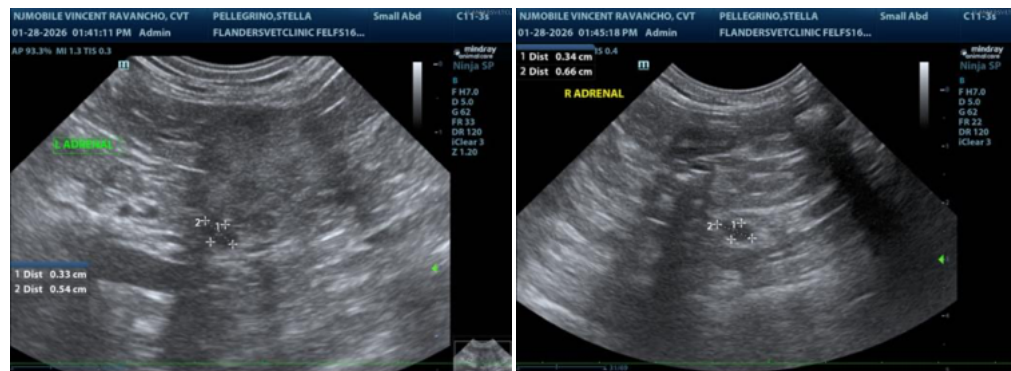
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma (particularly regarding the caudal jejunal segment with a trend toward loss of normal layering). The shadowing material within one segment of small intestine likely represents foreign material (i.e., hairball). It appears non-obstructive at the time of this study.

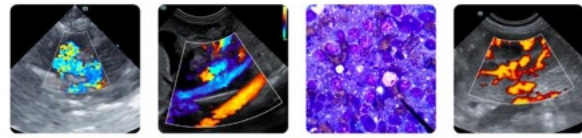
Secondary Findings:

- Bilateral nonspecific, age-related renal changes with pyelectasia, more pronounced in the left kidney. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Consider fecal evaluation for ova and Giardia as well as a GI panel including serum cobalamin, folate, TLI and PLI.
- Orthopedic and neurologic examinations are also recommended to assess for non-metabolic causes of weight loss and inappetence.
- Depending on the results of the above diagnostics, further workup (i.e., surgical GI biopsies) may be indicated.





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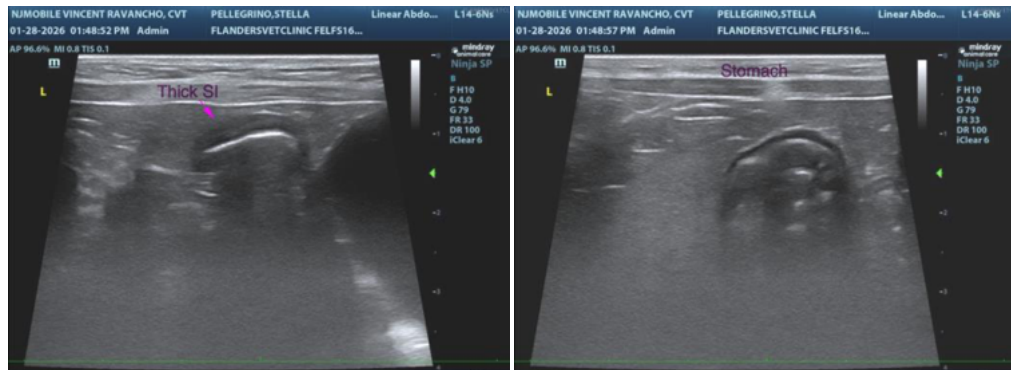
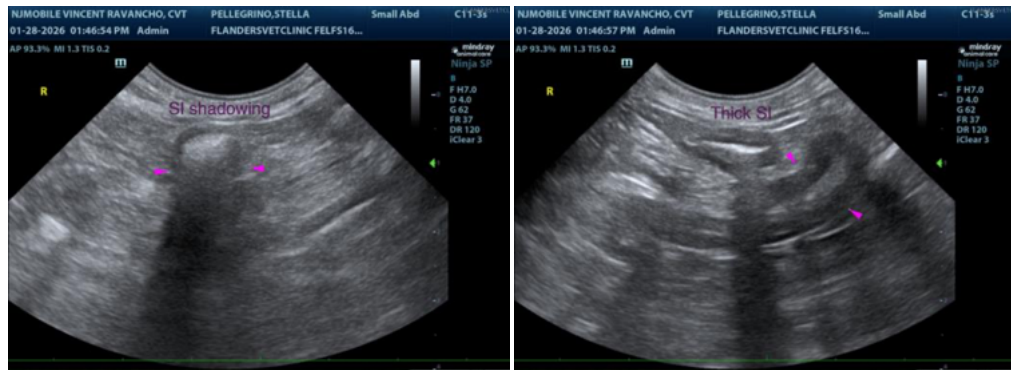
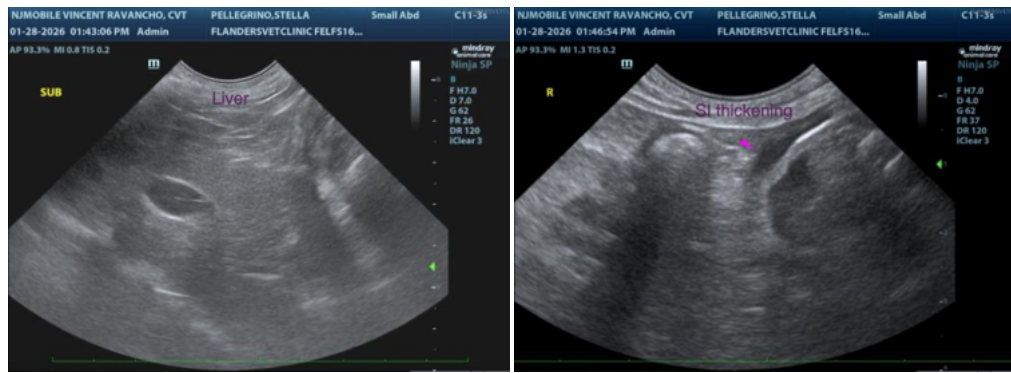
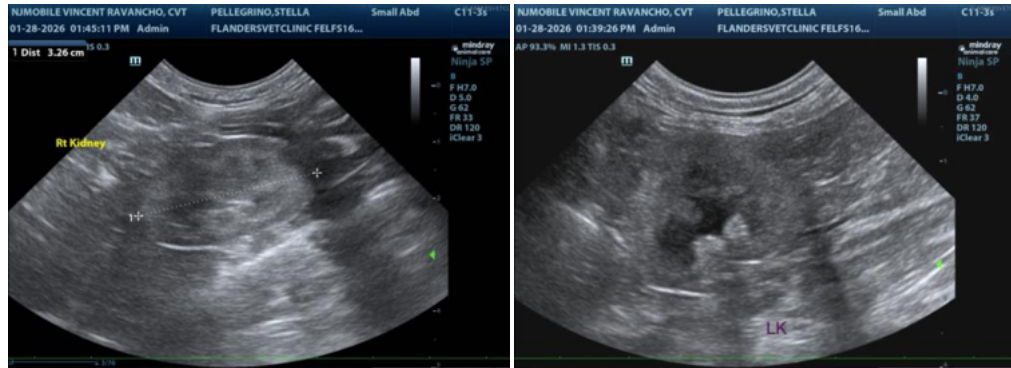
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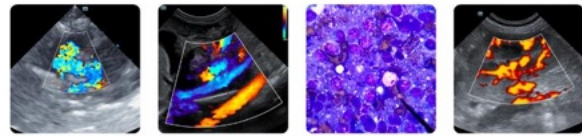
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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